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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 12 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107892 (6)

G&S MAINTENANCE AND REPAIR, INC.				
Principal Place of Business	Mailing Address			
3450 NE 4TH AVENUE 3450 NE 4TH AVENUE BOCA RATON FL 33431 BOCA RATON FL 33431				
		31	DO NOT WRITE IN	THIC COACE
			3. Date Incorporated or Qualified	TINIS STACE
			12/24/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0818133	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28			Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid	
25 g, Name and Address of Curi	29	[30]	Personal Property Tax due June 30	
	ent vehisteten Våeut	81 Name	10. Name and Address of New Regis	Mainer Witaur
SICOLO, SANDRA		VI Name		
3450 NE 4TH AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431		83		
		84 City		FL 85 Zip Code
	502 and 607 1508 Florida Sta	tutes the above-named con	rporation submits this statement for the purp	
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Standard Lam familiar with and accept the ob- 	ate of Florida. Such change was ligations of Section 607,0505	as authorized by the corpora	ation's board of directors. I hereby accept to	he appointment as registered
Pursuant to the provisions of Sections 607 C office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob SIGNATURE				
SIGNATURE Signature, typed or printed name of registured	agent and title it applicable (N	NOTE Registered Agent signature requ	uired when reinstating)	DATE
SIGNATURE Signature, typed or printed name of registural				DATE
SIGNATURE Signature, typed or printed name of registured 12. OFFICERS A TITLE PD	agent and title II applicable (N	NOTE Registered Agent signature requ	uired when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registured 12. OFFICERS / TITLE PD	agent and title II applicable (N	NOTE Registered Agent signature request. 13. 1.1 TITLE	uired when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registured 12. OFFICERS / TITLE PD NAME SICOLO, GIOVANNI	agent and title II applicable (N	NOTE Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE RS AND DIRECTORS IN 12
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